CAP-MR/DD Instructions
Special Requirements for Question #8

Auditors: For each service event audited, check the special requirement below and determine if the evidence presented adequately meets the criteria. If so, rate Q8 as "1=Met". If the special requirement is not evident, rate Q8 as "0=Not Met".

Adult Day Health

- Services must include health services and a variety of program activities. Cost of transportation is not included in this rate.

Targeted Case Management

- One face-to-face contact per month. **This is a State Plan Service**. Provider agencies **can not provide** this service and any Waiver services to the same person

Crisis Services

- Offered in the setting(s) where the person receives services (residence, day program, respite – but no MR Center, ICF-MR, school, hospital) – for up to 14 consecutive days. May not receive over 2,016 hours per Waiver year.

Day Supports

- Takes place in non-residential setting, separate from the home or facility in which the individual resides. Provided by Licensed Day facility only. Transportation is inclusive and travel time is NOT service time. May not be provided on the same day as Adult Day Health.
- Personal Care Services may be provided in a licensed day setting if the plan clearly reflects significant physical limitations that require a primary focus on personal care needs in the licensed day setting.

Home and Community Supports

- Only the community component of this service can be used by licensed residential settings or unlicensed alternative family living arrangements. Does not replace residential support provider's responsibility to provide support to people in the community but is intended to support community activities that are not provided through a licensed day program.
- This service can be provided in the individual's private residence or/and the community.

MR Personal Care Services / Enhanced Personal Care

- MRPC may not be billed when the direct service employee accompanies the person during medical transportation and medical visits. Persons living in licensed residential facilities, licensed alternative family living (AFL) homes, licensed foster

care homes or unlicensed alternative family living homes serving (1) one adult may NOT receive this service.

- Personal care provided by Home Care agency-registered nurse supervises at least every 60 days. – **Apply this to Q12/Supervision**
- If direct care worker is supervised by a QP supervisory visits are monthly. - **Apply this to Q12/Supervision**

Residential Supports

- Payments for this service are not for Room and Board.
- Payments for this service do not include payments made directly/indirectly to members of the individual's immediate family- parent, stepparent of a minor child or spouse.
- Payments are not made for routine care and supervision that would be expected by family or group home provider, or for activities or supervision for which a payment is made by a source other than Medicaid.
- If this service is provided in larger than 8 bed facility - must have justification and all options explored with family. If person was in larger than 8 bed facility receiving CAP funding they may receive this service.
- May not receive State Plan Adult Care Personal Care Services or Waiver Personal Care Services with Residential Support services because it is included within the definition.
- Residential supports includes the ability to provide training, habilitation and support in the community for activities such as shopping, access to transportation, etc. that are related to home living. This service was designed to provide flexibility and reflect the natural flow of a person's day.

NOTE: The community component of the Home and Community Supports may be used with Residential Supports ONLY in order to meet the Day programming needs of Individuals who have chosen NOT to receive Day programming through a licensed facility.

Respite Care (all types)

- May not be used as a daily service in treatment planning.
- May not be used when the person resides outside their family home and goes home for a family visit.
- May not be used in licensed group home or Adult Care Homes.
- May not be used for person's living alone or with a roommate.
- Staff sleep time is not reimbursable.
- Respite services are only provided to the person.
- Can not be provided by anyone residing in the individual's primary place of residence.
- 24 hour respite can not exceed average per diem rate for community ICF facility.

Supported Employment (Individual / Group)

- A case manager must document that the service is not funded by VR or the school system through formal correspondence with these agencies, obtaining copies of the person's educational or individual plan employment (IPE) by either agency, and/or

documentation in cm notes of efforts to obtain funding from either agencies/sources prior to the authorization of this service.
- Must be reviewed every 6 months by the LME for continuing authorization upon achievement of outcomes listed in the plan of care.

Transportation

- Must be documented in the Plan of Care as necessary in order for the individual to participate in an inclusive community life. Limited to $1,200 per year per person.
- Whenever possible family, neighbors, friends, or community agencies that can provide this service without charge, will be utilized.
- No additional payments will be made to provider agencies to provide transportation to/from the person's residence and the site of a habilitation service when it is established in the rate paid to the provider.